



# VOLUNTARY AFFIRMATIVE ACTION SURVEY FORM

To All Applicants:

Your name **MUST NOT** appear on this form. The data requested is for statistical and record-keeping purposes only. This form will not be used in evaluating your application for any position.

Richland Public Health has a commitment to Equal Employment Opportunity/Affirmative Action. There will be no discrimination on the basis of race, color, age, sex, religion, national origin, handicap, veteran status, marital status, non-job related medical conditions or disability that can be reasonably accommodated.

1) Date of Application: \_\_\_\_\_  
Month Day Year

2) Position Applied For: \_\_\_\_\_

3) Birth Date: \_\_\_\_\_  
Month Day Year

4) Sex: \_\_\_ Female \_\_\_ Male

5) Ethnic Origin – Check one of the following  
\_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian or Pacific Islander  
\_\_\_ American Indian or Alaskan Native

6) Veteran: \_\_\_ Yes \_\_\_ No

7) Disabled: \_\_\_ Yes \_\_\_ No

8) How did you hear about the position for which you have applied?

\_\_\_ Newspaper Advertisement

\_\_\_ Friend

\_\_\_ Health Department Employee

\_\_\_ Ohio Bureau of Employment Services

\_\_\_ Community Action Agency

\_\_\_ Walk-In

\_\_\_ Other, Explain \_\_\_\_\_